

**DEFENSE LOGISTICS AGENCY  
DEFENSE CONTRACT MANAGEMENT AGENCY  
PROGRAM FOR DEVELOPING MANAGERS 2004  
August 9 – September 3, 2004**

**CONFIDENTIAL SPONSOR FORM 2004**

(Please Type or Print Clearly)

Name of Nominee:

Job Title of Nominee:

Organization:

What do you want this nominee to achieve as a result of attending this program?

When this nominee returns from the program, how do you plan to make use of the new knowledge, skills and insights acquired?

**ORGANIZATION SPONSORSHIP**

If this nominee is accepted, it is understood that the person will be free from all work duties while attending the program and will not be asked to be absent for business reasons during the scheduled sessions.

Nominating/Sponsoring Official (Mr./Ms.):

Job Title of Nominating/Sponsoring Official:

Organizational Code:

Organization Address:

City:

State:

Zip Code:

Tel. No.:

Fax No.:

E-mail Address:

Signature of Nominating/Sponsoring Official \_\_\_\_\_ Date \_\_\_\_\_

Attachment 3